Montana Central Tumor Registry Newsletter

Montana
Cancer Control Programs
Chronic Disease Prevention & Health Promotion Bureau

Hematopoietic Database

The Hematopoietic and Lymphoid Database (Heme DB) and Manual are vital to abstracting and coding hematopoietic and lymphoid cancers. The database is used to determine reportability, determine multiple primaries, assign primary site, histology, and grade for cases diagnosed on or after 1/1/2010. The purple ICD-O-3 book should no longer be used to code hematopoietic and lymphoid primary sites, histology, or grade.

The database is extremely informational. Each disease type has information on Morphology codes used in what time periods, Reportability, Primary Site, Grade, Module Rule, Alternative Names, Definitions, Abstractor Notes, Definitive Diagnostic Methods, Genetics Data, Immunophenotyping, Treatments, Transformations to and from, Same Primaries, Corresponding ICD-9 and ICD-10 codes, Signs and Symptoms, Diagnostic Exams, Recurrence and Metastasis, and Epidemiology and Mortality.

The database and coding manual can be found at http://seer.cancer.gov/seertools/hemelymph/. If you don't already have this as a Favorites in your browser or have the link saved on your desktop, you should.

One of the differences between leukemia and lymphoma is that leukemia most commonly presents in the bone marrow and/or blood while lymphoma most commonly manifests in lymph nodes, lymphoid tissue, or lymphoid organs. When only the bone marrow is involved, the diagnosis is usually leukemia.

Diagnostic Confirmation (Heme DB Manual pages 13-15)
Hematopoietic and Lymphoid cases use a different set of codes for Diagnostic Confirmation.
Examples:
1. Pt with weight loss, chronic fatigue, and bruising. Peripheral blood smear showed chronic myeloid leukemia (code 1).
2. Bone marrow bx: B lymphoblastic leukemia. FISH: most likely represents a hyperdiploid clone (code 1).
3. Tonsillectomy and adenoidectomy path: Follicular lymphoma of the tonsil. FISH: BCL2 gene rearrangements; follicular lymphoma grade 2 (code 3).
4. PET scan: malignant adenopathy of mediastinal and retroperitoneal lymph nodes c/w lymphoma. Pt refused any further workup (code 7).
5. Bone marrow bx: negative. Cytogenetics: loss of chromosome 7. Discharge dx: myeloproliferative neoplasm, unclassifiable (code 8).

Ambiguous Terminology (Heme DB Manual pages 20-21)
If an ambiguous term is not reportable but the patient is treated for the disease, then the case is reportable.

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MONTANA DPHHS
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Department of Public Health & Human Services

Staging Education

AJCC has developed some free cancer staging Power Point presentations for cancer registrars that will assist you with the transition to directly assigning AJCC TNM stage. The word is that even seasoned registrars need new training to abstract directly coded AJCC and Summary Stage. Go to https://cancerstaging.org/CSE/Registrar/Pages/Presentations.aspx to view the presentations. These two presentations cover 1) Registrars Guide to Chapter 1, AJCC Seventh Edition and 2) Explaining Blanks and X, Ambiguous Terminology and Support for AJCC Staging.

NCRA has also developed TNM and Summary Stage webinars on Lung (February 11), Melanoma (February 25), Endometrium (March 4), Lung (March 18), Prostate (April 1), Thyroid (April 15), and Lymphoma (April 29). Go to http://www.cancerregistryeducation.org/tnm-ss-training to learn more.

Hematopoietic Database cont.

Steps in priority order for using the database and manual (Heme DB Manual page 18)

1. Identify the working (preliminary) **histology code(s)**.
   a. Search the Heme DB using a unique word in the diagnosis. For example "precursor" if the diagnosis is precursor acute lymphoblastic leukemia.
   b. Or you can search on the complete name (diagnosis). For example, "acute myelomonocytic leukemia". The number of matched terms that are displayed will be much smaller than just searching on "leukemia". Use "quotes" around string of words to find an exact match.
   c. You can also search on abbreviations such as AMML for acute myelomonocytic leukemia, DLBCL for diffuse large B-cell lymphoma, or AML for acute myeloid leukemia.
   d. When multiple results are displayed, click on the desired term (e.g. acute myelomonocytic leukemia) to display the record.
2. Determine the **number of primaries** using the working histology code(s) with the M rules in the manual.
3. **Verify or revise the working histology code(s)** using the PH rules in the manual (see Note 1 below).
   a. When the PH rules lead you to a different histology code, enter that code in the Heme DB search box and display the record for that histology.
4. Determine **primary site** (see Note 1 below).
   a. The primary site code displayed under **Primary Site(s)** is the **only** site code to be used for that histology.
   b. For certain primaries, only one primary site code is displayed.
   c. When there is no primary site code listed under **Primary Site(s)**,
      i. Search the Manual to find applicable modules and rules listed under Primary Site(s).
      ii. Read the **Abstractor Notes** to find the most common primary sites, less common primary sites, and other sites of involvement for stages II, III, and IV lymphomas. Use the Abstractor Notes to confirm that the **site/histology combination indicated by the involvement documented in the medical record is probable**. You may also seek a physician's help in determining the primary site.
5. Determine the **grade**. See the Grade field in the Heme DB.
   a. See the Grade rules in the manual when grade cannot be coded using the Heme DB (pages 39-42).
6. Use the Hematopoietic Multiple Primaries Calculator in the Heme DB only when instructed by the rules in the Hematopoietic Manual.

Note 1: Use Modules 1-9 (PH1-PH31) to help determine primary site and histology. Modules 1-6 are histology specific. The remaining are: Module 7: All lymphomas, Module 8: All hematopoietic neoplasms (NOS and more specified histologies), and Module 9: All hematopoietic neoplasms.

Save the Date
Montana Cancer Registrars Association
Annual Spring Meeting
May 7-8, 2015
Red Lion Hotel, Helena
Room block is set up for the 6th, 7th, and 8th
Single $99/day, Double $109/day, King $109/day
Speaker: Kendra Hayes, RHIA, CTR

Tentative Topics:
Revamping Cancer Conference
Using CP3R data
Survivorship plans
Stage Data: Using AJCC Manual 7th Ed. and Summary Stage 2000 (webinar)

Certificate of Excellence Recipients

The following facilities received a certificate for the 2014 Third Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

Facility	City
Physicians:	
Yellowstone Dermatology	Billings
Rogers Dermatology	Bozeman
Advanced Dermatology of Butte	Butte
Dermatology Assoc of Great Falls	Great Falls
Helena Dermatology	Helena
Associated Dermatology	Helena
Dermatology Provider of Missoula	Missoula
Hospitals:	
Billings Clinic	Billings
St. Vincent Healthcare	Billings
St. James Hospital	Butte
Teton Medical Center	Choteau
Rosebud Health Center	Forsyth
Glendive Medical Center	Glendive
Sletten Cancer Center	Great Falls
St Peters Hospital	Helena
Central Montana Medical Center	Lewistown
St. Patrick Hospital	Missoula
Clark Fork Valley Hospital	Plains
Broadwater Health Center	Townsend
Pathology:	
Yellowstone Path Institute	Billings

Hematopoietic Q&A

Source: NAACCR Central Registry Webinar 11/6/14 (Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms)

1. A bone marrow biopsy shows anemia NOS. The physician notes states the patient's overall clinical presentation of hypercalcemia, fever, and anemia is consistent with myelodysplastic syndrome, NOS (9989/3). What is diagnostic confirmation?
   - A. 1: Positive histology
   - B. 3: Positive histology PLUS:
   - C. 5: Positive laboratory test/marker study
   - D. 8: Clinical diagnosis only (other than 5, 6, or 7)
   - E. 9: Unknown whether or not microscopically confirmed

2. Which of the following would be true if a follicular lymphoma (FL) transforms into diffuse large b-cell lymphoma (DLBL)? Pick two.
   - A. The FL was the chronic phase of this disease
   - B. The DLBL was the chronic phase of the disease
   - C. The follicular lymphoma was the acute phase of the disease
   - D. The DLBL was the acute phase of the disease

3. The first step in the process of determining multiple primaries, assigning a histology, and assigning topography code to a hematopoietic disease, is to…
   - A. Assign a "working histology" using the ICD O 3 manual
   - B. Assign a "working histology" using the hematopoietic database
   - C. Assign a "working histology" using the hematopoietic manual
   - D. Determine if there is one or multiple primaries.

4. Which of the following statements is/are correct? Circle all that apply.
   - A. Ambiguous terminology can be used to determine the reportability of a hematopoietic case that has been histologically confirmed.
   - B. Ambiguous terminology can be used to determine the reportability of a hematopoietic case that has been diagnosed via cytology only.
   - C. Ambiguous terminology can be used to assign more specific histology to a hematopoietic case. For example, B-cell lymphoma consistent with DLBL. We would assign the code for DLBL.
   - D. Ambiguous terminology can be used to assign a histology if no other histology terms are used. For example, lymph node biopsy consistent with FL and the physician treats this as a FL. We would assign the code for FL.

5. A patient with lymphoma has enlarged lymph nodes measuring 2 cm confined to the right cervical (C77.0) and right supraclavicular lymph node regions (C77.0). The primary site code would be…
   - A. C77.0 per rule PH19.
   - B. C77.0 per rule PH20.
   - C. C77.8 per rule PH21.

6. Final diagnosis: Follicular lymphoma, grade 1, thymus gland. What is the stage?
   - A. Stage I: Involvement of a single lymphatic site
   - B. Stage IE: Involvement of a single extra lymphatic site
   - C. Stage II: Localized involvement of 2 or more lymph node regions on same side of diaphragm
   - D. Stage IV: Diffuse or disseminated involvement

7. Final diagnosis: Plasmacytoma (9731/3) confined to the right femur. What is the Summary Stage 2000?
   - A. 1 Localized
   - B. 7 Distant
   - C. 9 Death certificate only

8. Final diagnosis: Follicular lymphoma, grade 1, thymus gland. What is the code for CS Extension?
   - A. 100: Single lymph node region
   - B. 110: Single extralymphatic organ/site
   - C. 120: Spleen

4. A, D	8. A
3. B	7. A
2. A, D	6. A
1. D	5. B